APPLICATION FOR FALCONRY LICENSE

State Form 27021 (R3 / 1-08) Approved by State Board of Accounts 2008 Department of Natural Resources

FEE: \$60.00

- Instructions: 1. Please type or print information. 2. Be sure to read all regulations.

 - 3. Mail completed application and license fee to address show at right.

DEPARTMENT OF NATURAL RESOURCES

Attn: Permit Coordinator

Division of Fish and Wildlife 402 W. Washington St., Rm. W273 Indianapolis, IN 46204-2781

Telephone: (317) 233-6527 Fax Number: (317) 232-8150

FOR OFFICE USE ONLY Issue Date: Exp. Date: Check Number:	Name of Applicant (First, Middle	e Initial, Last)			
County Telephone Number_(Address (Number and Street or	Rural Route)			
Date of Birth E-Mail Address	City		State	ZIP Code	
Address where facilities will be located (if different than above) Class of license requested:	County		Геlephone Number <u>(</u>)	
Class of license requested:	Date of Birth	E-Mail Add	dress		
Number of years possessing falconry license Previous falconry license number (if applicable) If apprentice, list name and license number of sponsoring adult: Name of Sponsor License Number DESCRIPTION OF RAPTORS POSSESSED #1 Species Sex Age Age when acquired How acquired Date acquired (month, day, year) Marker Number #2 Species Sex Age Age when acquired How acquired Date acquired (month, day, year) Marker Number #3 Species Sex Age Age when acquired How acquired Date acquired (month, day, year) Marker Number Please mail check or money order in the amount of \$60.00, payable to the Indiana Division of Fish and Wildlife, to the address listed at the top of the page. I have read and understand the regulations and agree to abide by them. I certify under penalties of perjury (IC 35-44-2-that the information supplied by me is true and correct. Signature of Applicant Date Check Number: FOR OFFICE USE ONLY Issue Date: Check Number: Check Number:	Address where facilities will be	located (if different than abo	ve)		
If apprentice, list name and license number of sponsoring adult: Name of Sponsor	Class of license requested:	Apprentice	General 🔲 Mas	ster	
DESCRIPTION OF RAPTORS POSSESSED	Number of years possessing fa	lconry license F	Previous falconry licens	se number (if applicable)	
#1 Species Sex Age Age when acquired	If apprentice, list name and lice	nse number of sponsoring a	dult:		
#1 Species Sex Age Age when acquired	Name of Sponsor License Number				
Date acquired (month, day, year) Marker Number #2 Species Sex Age Age when acquired Marker Number Marker Numbe		DESCRIPTION OF	RAPTORS POSSESS	SED	
#2 Species Sex Age Age when acquired How acquired Date acquired (month, day, year) Marker Number #3 Species Sex Age Age when acquired How acquired Date acquired (month, day, year) Marker Number Please mail check or money order in the amount of \$60.00, payable to the Indiana Division of Fish and Wildlife, to the address listed at the top of the page. I have read and understand the regulations and agree to abide by them. I certify under penalties of perjury (IC 35-44-2-that the information supplied by me is true and correct. Signature of Applicant Date Check Number:	#1 Species	Sex	Age	Age when acquired	
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Signature of Applicant Date				o the Indiana Division of Fish	
FOR OFFICE USE ONLY Issue Date: Exp. Date: Check Number:				under penalties of perjury (IC 35-44-2-1),	
Issue Date: Exp. Date: Check Number:	Signature of Applicant			Date	
		FOR OFF	FICE USE ONLY		
				Check Number:	
License Number: Approved by: Comments:					